

POSITION	ID NO.	DATE
CLASSIFIER	19	10/9/97
EXAMINER	DMS	12/11/97
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Final	Original	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100
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